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| Substitute for Form PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY'S DOCKET NUMBER 033495-023 |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 101537466 |
| INTERNATIONAL APPLICATION NO. PCT/EP2003/012620 | INTERNATIONAL FILING DATE November 12, 2003 | PRIORITY DATE CLAIMED December 3, 2002 |
| TITLE OF INVENTION PESTICIDAL 1-ARYL-3-AMIDOXIME-PYRAZOLE DERIVATIVES | | |
| APPLICANT(S) FOR DO/EO/US Uwe DÖLLER, Klaus Dieter HÖBALD, Michael MAIER, Anke KUHLMANN and Karl SEEGER | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission to items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). </p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> | | |
| Items 11 to 21 below concern document(s) or information included: | | |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A FIRST preliminary amendment.</p> <p>14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: <u>Application Data Sheet; International Search Report in English (attached to copy of WO2004/050633 A1); copies of PCT Request, International Preliminary Examination Report, PCT/IB/306, PCT/IB/318, PCT/IB/308; Form PTO-1449 and copies of two documents listed therein. Inventors' declaration to follow. Certified copy of priority document filed during international phase.</u></p> | | |

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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/537466 | | INTERNATIONAL APPLICATION NO. PCT/EP2003/012620 | ATTORNEY'S DOCKET NUMBER 033495-023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALCULATIONS PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>Bayer CropScience S.A.</u> <u>F-69009 Lyon, France</u></p> <hr/> <hr/> <hr/> <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Basic Filing Fee (1631)</td> <td style="text-align: right;">\$ 300.00</td> </tr> <tr> <td colspan="4">Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).</td> <td style="text-align: right;"><input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00</td> </tr> <tr> <td colspan="4">CLAIMS</td> <td style="text-align: right;">NUMBER FILED</td> </tr> <tr> <td colspan="4">Total Claims</td> <td style="text-align: right;">18 -20 = 0</td> <td style="text-align: right;">RATE</td> </tr> <tr> <td colspan="4">Independent Claims</td> <td style="text-align: right;">1 -3 = 0</td> <td style="text-align: right;">\$ 50.00 (1615)</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: right;">\$ 200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: right;">\$ 360.00 (1616)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: right;">\$ 200.00 (1633)</td> <td style="text-align: right;">\$ 200.00</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td style="text-align: right;">\$ 500.00 (1632)</td> <td style="text-align: right;">\$ 500.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">TOTAL OF ABOVE CALCULATIONS</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td style="text-align: right;">+</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">SUBTOTAL</td> <td style="text-align: right;">\$ 1,000.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td style="text-align: right;"><input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">TOTAL NATIONAL FEE</td> <td style="text-align: right;">\$ 1,000.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">TOTAL FEES ENCLOSED</td> <td style="text-align: right;">\$ 1,000.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Amount to be refunded :</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">charged :</td> <td></td> </tr> <tr> <td colspan="6"> <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 1,000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</p> </td> </tr> <tr> <td colspan="6"> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> </td> </tr> <tr> <td colspan="6"> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Burns, Doane, Swecker & Mathis, L.L.P. P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620</p> </td> </tr> <tr> <td colspan="6" style="text-align: right;">  SIGNATURE Mary Katherine Baumeister NAME </td> </tr> <tr> <td colspan="6" style="text-align: right;"> 26,254 June 3, 2005 REGISTRATION NO. DATE </td> </tr> </table> | | | | Basic Filing Fee (1631) | | | | \$ 300.00 | Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). | | | | <input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00 | CLAIMS | | | | NUMBER FILED | Total Claims | | | | 18 -20 = 0 | RATE | Independent Claims | | | | 1 -3 = 0 | \$ 50.00 (1615) | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | \$ 200.00 (1614) | \$ 0.00 | Examination Fee | | | | \$ 360.00 (1616) | \$ 0.00 | Search Fee | | | | \$ 200.00 (1633) | \$ 200.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) | | | | \$ 500.00 (1632) | \$ 500.00 | | | | | TOTAL OF ABOVE CALCULATIONS | \$ 0.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | | | + | \$ 0.00 | | | | | SUBTOTAL | \$ 1,000.00 | Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)). | | | | <input type="checkbox"/> 20 <input type="checkbox"/> 30 | \$ 0.00 | | | | | TOTAL NATIONAL FEE | \$ 1,000.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property + | | | | | | | | | | TOTAL FEES ENCLOSED | \$ 1,000.00 | | | | | Amount to be refunded : | | | | | | charged : | | <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 1,000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. 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| CLAIMS | | | | NUMBER FILED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | | | | 18 -20 = 0 | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | | | | 1 -3 = 0 | \$ 50.00 (1615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | \$ 200.00 (1614) | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Examination Fee | | | | \$ 360.00 (1616) | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Search Fee | | | | \$ 200.00 (1633) | \$ 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) | | | | \$ 500.00 (1632) | \$ 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL OF ABOVE CALCULATIONS | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | SUBTOTAL | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | TOTAL NATIONAL FEE | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | TOTAL FEES ENCLOSED | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be refunded : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | charged : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 1,000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p>Burns, Doane, Swecker & Mathis, L.L.P. P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  SIGNATURE Mary Katherine Baumeister NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26,254 June 3, 2005 REGISTRATION NO. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SEND ALL CORRESPONDENCE TO:

Burns, Doane, Swecker & Mathis, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Mary Katherine Baumeister

Mary Katherine Baumeister

26,254 June 3, 2005
REGISTRATION NO. DATE